

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Boeing</i>	DATE <i>9-11-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>600233</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleand 9/15/06, ditto attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-20-06</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



UNIVERSITY MEDICAL GROUP

Allergy/Immunology
Charles W. Greene, Jr., MD

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Risk Reduction**
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Infectious Disease
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**Pulmonary/Critical Care/
Sleep Medicine**
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Research
(864) 455-9831

Rheumatology
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Department of Medicine
Angelo Sinopoli, MD, Chair

August 30, 2006

Rob-Bowling
"Opprop. Sign"

Robbie Kerr
Director of SC Department of Health and Human Services
PO Box 8206
1801 Main Street
Columbia, SC 29202

RECEIVED

SEP 11 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Medicaid asthma drug policies

Dear Mr. Kerr:

As a practicing Allergist, Immunologist and Asthma specialist in SC, it has come to my attention that certain aspects of the SC Medicaid drug policy seem inconsistent in their application. Specifically, we have received requests for patients that are on controller therapies to also be supplied with short-acting rescue bronchodilators such as albuterol. While I am not in disagreement with this concept (as most, if not all asthmatics should have rescue therapy available), this really should be a uniform policy across all controller medications including inhaled corticosteroids, Advair, and Singulair. It seems that currently patients that are on Singulair who are not refilling a rescue inhaler have their refills declined after a certain period of time. For patients on Advair and other inhaled steroids, this does not seem to be the case and this is a confusing policy to me. Obviously there are many reasons why a patient may not refill a rescue inhaler, not the least of which is that they may be well-controlled.

I would appreciate your review of this policy and I would be happy to provide any additional input or help in relation to your asthma care protocols. Thank you for your attention to this matter.

With kind regards,

Charles W. Greene, Jr., MD, FAAMA
CWG/kbh/cia



State of South Carolina
Department of Health and Human Services

Log # 233



Mark Sanford
Governor

Robert M. Kerr
Director

September 15, 2006

Charles W. Greene, Jr., M.D.
Allergy/Immunology
University Medical Group
419 S.E. Main Street, Suite 200
Simpsonville, South Carolina 29681

Dear Dr. Greene:

Thank you for your letter to Mr. Robert Kerr, Director, South Carolina Department of Health and Human Services, regarding the Medicaid coverage policy for Singulair®.

We recently re-evaluated the criteria for approving reimbursement of Singulair® and determined that South Carolina Medicaid should extend the "look-back" period of time during which a prescription for an inhaled corticosteroid or rescue inhaler has been refilled by the patient. Indeed, there are many reasons as to why a patient may not refill a rescue inhaler every few months. The "look-back" edit was implemented at the recommendation of the South Carolina Pharmacy and Therapeutics Committee to ensure that Singulair® is not used as first-line treatment for allergic rhinitis.

The programming for this claims processing change should be completed within the next several weeks. Upon completion of the computer programming and the necessary testing of this programming change, the issue should be resolved.

Thank you for your concern regarding this matter. Your participation in the South Carolina Medicaid program is appreciated. Questions regarding this matter should be directed to Pharmacy Services at (803) 898-2876.

Sincerely,


James M. Assey, F.P.H.
Division Director

JMA/bgam